

Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

. Account Name : GREENSPOON MARDER, P.A.

Account Number : 119990000182 Phone

Fax Number

: (954)491-1120 : (954)267-8013

## REGISTERED AGENT CHANGE S

## FISHMAN FAMILY LTD.

Certificate of Status	0
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6/12/2007

• -- 06-12-'07 11:41 FROM-

-T-234 P002/002 F-335

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

	1111 010 111111111111111111111111111111	-,	
partnership or limited lial		Statutes, the undersigned limited pits the following statement in order to in the state of Florida.	
1. FISHMAN FA			
Name of	Limited Partnership or Limited	Liability Limited Partnership	
ż.03/29/2000		<sub>3.</sub> A0000000570	
Date of filing/regis	tration in Florida	Florida document number	
4. The name of the register Department of State:	ed agent and the registered office	address as shown on the records of the Flo	orida
Ge	ene K. Glasser, Es	sq.	
	Name		
20	21 Tyler Street	·	
	Address		
Ho	llywood, FL 3302	20	
	City, State and	Zip	
5. The name and Florida st	reet address of the new registerer	l agent and/or office:	
Ge	ene K. Glasser, Es	1 <b>0</b> .	
	Name		
10	0 W Cypress Cred	ek Road, Suite 700	
	Florida street address (P.O. Bo		
. Fo	rt Lauderdale	PL 33309	
10	City, State and		
6. Such change(s) is/are of	fective when filed by the Florida	Department of State.	
Signature of General Parine	**		
I hereby accept the appoint comply with the provisions, and I am familiar with in h	ment as registered agent and agr of all statutes relative to the proj colorythe abligations of my posit	ree to act in this capacity. I further agree to cer and complete performance of my duties ion as registered agent.	<i>o</i>
Signature of Registered Ag	ent		ĭs
Filing Fee:	\$35.00		-LAI

Certifled Copy (optional): \$52.50